

UNITED STATES DISTRICT COURT

for the

Northern District of Ohio

Kimberly Roquemore, Individually and as the
Administratrix of the Estate of
Maalik Roquemore, Deceased

Plaintiff(s)

v.

Cuyahoga Metropolitan Housing Authority, et al.

Defendant(s)

Civil Action No. 1:24-cv-01434

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* CUYAHOGA METROPOLITAN HOUSING AUTHORITY
8120 Kinsman Road
Cleveland, OH 44104

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: David B. Malik, Esq.
31320 Solon Road, Unit #19
Solon, Ohio 44139

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

8/22/2024

Date: _____



SANDY OPACICH, CLERK OF COURT

s/ A. Faluski

Signature of Clerk or Deputy Clerk

Civil Action No. 1:24-cv-01434

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* Cuyahoga Metropolitan Housing Authority Police
was received by me on *(date)* August 23, 2024 Department.

☐ I personally served the summons on the individual at *(place)* _____
_____ on *(date)* _____; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
designated by law to accept service of process on behalf of *(name of organization)* _____
_____ on *(date)* _____; or

☐ I returned the summons unexecuted because _____; or

☒ Other *(specify)*: Via U.S. Certified Mail Return Receipt Requested; see attached Domesetic
Return Receipt

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 9/13/2024

/s/ David B. Malik

Server's signature


David B. Mailk, Attorney

Printed name and title

31320 Solon Road, Unit 19, Solon, Ohio 44139

Server's address

Additional information regarding attempted service, etc:

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>F. PASS</u> C. Date of Delivery <u>8-29-24</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>Cuyahoga Metropolitan Housing Authority 8120 Kinsman Road Cleveland, OH 44104</p>			
<p>2. Article Number (Transfer from service label)</p> <p>7021 0350 0002 3011 0870</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	

9590 9402 5725 9346 4589 14

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

7021 0350 0002 3011 0870

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com

CLEVELAND, OH 44104

OFFICIAL USE

Certified Mail Fee	\$4.85
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$2.87
Total Postage and Fees	\$11.82

Sent To Cuy. Metro. Housing Authority
Street and Apt. No., or P.O. Box No. 8120 Kinsman Rd
City, State, ZIP+4® Cleveland, OH 44104

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Postmark Here
08/23/2024